

## Physicians Fee Schedule Key

The file is available as a printable report or a tab-delimited text file. The elements and values are as follows:

Column 1) Procedure Code Prefix

This listing includes the following Prefixes: 3, 4, 5, 6, 7 & T

- 3 CPT IV Procedure
- 4 State Generated Procedure codes
  - Audiology
  - Chiropractor
- 5 Dental Procedure code (see Doral Dental Manual)
- 6 Optical Procedure code
- 7 Podiatrist Procedure code
- T Therapist Procedure code

Column 2) CPT-4 Procedure Code

Column 3) Literal description of procedure code

Column 4) Maximum allowable reimbursement

Column 5) A "Y" indicates the procedure code is "hand priced. If an "N" appears, the reimbursement is in Column (4)

Column 6) Program coverage code, this is a 2-digit field, right justified, with an assumed 0 (zero) leader, (for example, "2" is actually "02")

Program coverage key is as follows:

- 02 Title XIX coverage only (limited Transitional Assistance coverage)
- 04 Medicaid-covered services
- 08 Medicare service payable under different code for Medicaid
- 09 QMB (Qualified Medicare Beneficiary) coverage only - for clients eligible for Medicare, but not Medicaid

Note: No other program coverage codes appear in the data

If you experience any problems with the files or have questions, please contact the Bureau of Comprehensive Health Service at (217) 782-5565 or e-mail us. This file may also be obtained by sending a blank (3.5 inch IBM PC compatible) diskette, along with a self addressed and prepaid diskette mailer to:

Illinois Department of Public Aid  
Bureau of Comprehensive Health Services  
201 South Grand Avenue East  
Post Office Box 19128  
Springfield, Illinois 62794-9128  
Attention: Nips Billing Unit